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### FORM D

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FORM D

JUL 16.2008

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Serial

NOTICE OF SALE OF SECURIFICISM, DC SEC USE ONLY PURSUANT TO REGULATION 199 **SECTION 4(6), AND/OR** DATE RECEIVED UNIFORM LIMITED OFFERING EXEMPTION

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)   |  |
|--|--|
| Filing Under (Check box(cs) that apply): Rule 504 Rule 505 Rule 506 Section 4(6 Type of Filing: New Filing Amendment   | ULOE COMPANIE RESTRICT BOTH AND LINE AN |
| A. BASIC IDENTIFICATION DATA   |  |
| 1. Enter the information requested about the issuer  | - 1,000% 2540,00% 2540,00% 2540,00% 2540,00%   |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)   | 08056240   |
| Plains Acquisition Corporation   |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code)  | Telephone Number (Including Area Code)   |
| 9688 FM 1960 Bypass West, Humble, TX 77338   | 713-559-6800   |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  | Telephone Number (Including Area Code)   |
| Brief Description of Business  | PROCESSED  |
| Bank Holding Company   | N 111 0 0 0000   |
| Type of Business Organization  | <u> </u>   |
| · '' 🚔 · · · · · · '' · · · · · · · · · · · ·  | please specify): THOMSON REUTER  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State<br>CN for Canada; FN for other foreign jurisdiction)   | mated<br>::<br>TDX   |
| GENERAL INSTRUCTIONS   |  |
| Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).  | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.   |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.  |  |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20:   | 549.   |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.   | y signed. Any copies not manually signed must be   |
| Information Required: A new filing must contain all information requested. Amendments need only report<br>thereto, the information requested in Part C, and any material changes from the information previously suppli-<br>not be filed with the SEC.   |  |
| Filing Fee: There is no federal filing fee.  |  |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for so ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the State to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. his notice and must be completed. | ecurities Administrator in each state where sales<br>the exemption, a fee in the proper amount shall<br>The Appendix to the notice constitutes a part of   |
| ATTENTION ————————————————————————————————————   |  |
| Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unles filing of a federal notice.   |  |

### A BASIGIDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner 🗸 Executive Officer 🗸 Director General and/or Managing Partner Full Name (Last name first, if individual) See attached Exhibit A Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer ☐ Director General and/or Beneficial Owner Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

| Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?   Yes   No   |                |  |                |                       |             |              | INFORMAT                                | ION ABO                                 | IT OFFER     | ing 👯                                   |                |   |                         |   |
|--|----------------|--|----------------|-----------------------|-------------|--------------|---|---|--------------|---|----------------|---|-------------------------|---|
| Answer also in Appendix, Column 2, if filling under ULOB.  2. What is the minimum investment that will be accepted from any individual?  3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer, the SEC and/or with a state or states, list the name of the broker or dealer. If there than five (5) persons to be listed are associated persons of such a broker or dealer. If there than five (5) persons to be listed are associated persons of such a broker or dealer. If there than five (5) persons to be listed are associated persons of such a broker or dealer. If there than five (5) persons to be listed are associated persons of such a broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer. Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)   |                |  |                |                       |             |              | ••                                      |   |              | 41                                      | 0              |   |                         |   |
| 2. What is the minimum investment that will be accepted from any individual?  3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering life, person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, Its the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of south a broker or dealer, you may set forth the information for that broker or dealer conty.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI DD GR GR PA LIL IN  | l.             | Has the                                    | issuer sol     | d, or do <b>e</b> ș t | •           |              |   |   | •            |   |                | ······                                  | <u>X</u>                |   |
| 3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, its the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  | 1              | ·  |                |                       |             |              |   |   |              |   | • 25           | ,000.00                                 |                         |   |
| 3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than flive (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)   | ۷.             | What is                                    | rae minin      | ının invezin          | neni inat v | Vill be acci |   | any marvi                               |              | *                                       | ••••           | *************************************** | <u> </u>                |   |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in commencion with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, our may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC F. GA HI DL L. ALL L. | 3.             | Does th                                    | e offering     | permit join           | t ownersh   | ip of a sing | gle unit?                               | ,                                       |              |   | i              |   | R                       |   |
| If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  | 4.             | Enter th                                   | ie informat    | tion reques           | ted for eac | h person i   | who has be                              | en or will                              | be paid or   | given, dire                             | ctly or ind    | lirectly, any                           | ,                       |   |
| or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  |                |  |                |                       |             |              |   |   |              |   |                |   |                         |   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)  |                | or states                                  | s, list the na | ame of the b          | roker or d  | caler. If m  | ore than fiv                            | c (5) perso                             | ns to be lis | ted are asso                            |                |   |                         |   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)   | <del>- 1</del> |  |                |                       |             | e intermat   | ion for that                            | broker or                               | dealer onl   | y.<br>                                  | <del>·</del>   | •                                       |                         |   |
| Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)   | Full           | Name (                                     | Last name      | tirst, it ind         | ivioual)    |              |   |   | •            |   |                |   |                         |   |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI ID  IL IN IA KS KY LA ME MD MA MI MN MS MO  MT NE NV NH NJ NM NY NC ND OH OK OR PA  RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI ID  (IL IN IA KS KY LA ME MD MA MI MN MS MO  (NT NE NV NH NJ NM NY NC ND OH OK OR PA  (RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)   | Bus            | iness or                                   | Residence      | Address (N            | lumber an   | d Street, C  | ity, State, 2                           | Zip Code)                               |              | <del> </del>                            | <del></del>    | <del></del>                             | · · · ·                 |   |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI ID  IL IN IA KS KY LA ME MD MA MI MN MS MO  MT NE NV NH NJ NM NY NC ND OH OK OR PA  RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI ID  (IL IN IA KS KY LA ME MD MA MI MN MS MO  (NT NE NV NH NJ NM NY NC ND OH OK OR PA  (RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)   |                |  |                |                       | ·           |              | · .                                     |   | •            |   |                |   |                         | - · - · · - · · · · · · · · · · · · · · |
| (Check "All States" or check individual States)  | Nan            | ne of Ass                                  | ociated Bi     | oker or De            | aler        |              | •                                       |   |              |   |                |   | •                       |   |
| AL AK AZ AR CA CO CT DE DC FL GA HII ID  III. IN IA KS KY LA ME MD MA MI MN MS MO  MT NE NV NH NJ NM NY NC ND OH OK OR PA  RI SC SD TN TX UT VT VA WA WY WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  | State          | es in Wh                                   | ich Person     | Listed Ha             | s Solicited | or Intends   | s to Solicit                            | Purchasers                              |              |   |                |   |                         |   |
| AL AK AZ AR CA CO CT DE DC FL GA HII ID  III. IN IA KS KY LA ME MD MA MI MN MS MO  MT NE NV NH NJ NM NY NC ND OH OK OR PA  RI SC SD TN TX UT VT VA WA WY WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  |                |  |                |                       |             | -            |   |   |              |   |                | •                                       | □ Al                    | l States                                |
| IL IN IA KS KY LA ME MD MA MI MN MS MQ MT NE NV NH NJ NM NV NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)   |                |  | ·              |                       |             |              |   |   | ·            |   |                |   |                         | (ID)                                    |
| MT NE NV NH NJ NM NY NC ND OH OK OR PA RT SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  |                |  |                |                       |             |              |   |   |              |   |                | =                                       |                         | =                                       |
| Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)   |                |  |                |                       |             |              |   |   |              |   |                |   |                         | =                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)   | •              | RI   | SC             | SD                    | TN          | TX           | UT                                      | VT                                      | VA           | WA                                      | (WV)           | WI                                      | WY                      | PR                                      |
| Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)   | P. 11          | Nome (                                     | act name       | first if indi         | vidual)     |              |   |   |              |   |                |   |                         |   |
| Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)   | Luti           | Manie (1                                   | Jasi Hanne     | Hirzt, It thu         | (Vidual)    |              |   |   | •            |   | •              |   |                         |   |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  | Busi           | iness or                                   | Residence      | Address (1            | Number an   | d Street, C  | City, State,                            | Zip Code)                               |              |   |                |   |                         |   |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  | Name           | C A a                                      | aniated De     | oka- os Da            |             |              |   | <del></del>                             |              |   | ·. · · · ·     |   |                         |   |
| (Check "All States" or check individual States)  | Ivani          | 10 OI W22                                  | ociaieu Di     | OKEI OI DE            | aici        |              |   |   |              |   |                |   |                         |   |
| AL AK AZ AR CA CO CT DE DC FL GA HI ID  IIL IN IA KS KY LA ME MD MA MI MN MS MO  MT NE NV NH NJ NM NY NC ND OH OK OR PA  RI SC SD TN TX UT VT VA WA WY WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers   | State          | es in Wh                                   | ich Person     | Listed Has            | Solicited   | or Intends   | to Solicit                              | Purchasers                              | <del>.</del> |   |                | <u> </u>                                |                         |   |
| IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  |                | (Check                                     | "All States    | " or check            | individual  | States)      | •                                       | *************************************** |              |   | •••••          | *************************************** | ☐ AJ                    | 1 States                                |
| IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  |                | AL   | [AK]           | ĀZ                    | AR          | CA           | [CO]                                    | [CT]                                    | DE           | DC                                      | FL             | GA                                      | Hl                      | ID                                      |
| RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  |                |  | ĪN             | IA                    | KS          | KY)          | LA                                      | ME                                      | MD           | MA                                      | MI             |   |                         |   |
| Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  |                |  |                |                       |             |              |   |   |              |   |                |   |                         |   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  |                | RI   | SC             | SD                    | [TN]        | [TX]         | UT                                      | VT                                      | [VA]         | (WA)                                    | [ <u>W.Y</u> ] | <u>W1</u>                               | WY                      | (FK)                                    |
| Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  | Full           | Full Name (Last name first, if individual) |                |                       |             |              |   |   |              |   |                |   |                         |   |
| Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  | D              |  | D:             |                       |             | d Change C   | itu Stata '                             | Zin Code)                               |              |   |                |   | ······················· | · · · · · · · · · · · · · · · · · · ·   |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers   | Busi           | ness or                                    | Residence      | Adaress (r            | Number an   | a Street, C  | ity, State,                             | Zip Code)                               |              |   |                | •                                       |                         |   |
|  | Nam            | e of Ass                                   | ociated Br     | oker or De            | ier .       |              |   |   |              |   |                |   |                         |   |
|  |                |  |                |                       |             |              |   |   |              |   |                |   |                         |   |
| (Check "All States" of check individual States)  |                |  |                |                       |             |              |   |   |              |   |                |   | r::1 A11                | States                                  |
|  |                | (Check                                     | 'All States    | or check              | ındıvıduâl  | States)      | • |   |              | *************************************** |                | ••••••                                  |                         | States                                  |
| AL AK AZ AR CA CO CT DE DC FL GA HI ID   |                |  |                |                       |             |              |   |   |              |   |                |   |                         |   |
| IL IN IA KS KY LA ME MD MA MI MN MS MO<br>MT NE NV NH NJ NM NY NC ND OH OK OR PA   |                |  |                |                       |             |              |   |   |              |   |                |   |                         |   |
| MT NE NV NH NJ NM NY NC ND OH OK OR PA<br>RI SC SD TN TX UT VT VA WA WV WI WY PR   |                |  |                |                       |             |              |   |   |              |   |                |   |                         |   |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## AC OFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS

| •  | sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  | Aggregate           | Amount Already             |
|----|--|---------------------|----------------------------|
|    | Type of Security   | Offering Price      | Sold                       |
|    | Debt   | \$_0.00             | <u>s</u> . 0.00            |
|    | Equity   | \$ 17,500,000       | .00 \$ 17,000,000.00       |
|    | Convertible Securities (including warrants)  |                     | 0.00                       |
|    | Partnership Interests  |                     | \$ 0.00                    |
|    | Other (Specify)  |                     | \$ 0.00                    |
|    | Total  | . 17,500,000        |                            |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   | <u> </u>            |                            |
|    | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             |                     | Aggregate                  |
|    | ·  | Number<br>Investors | Dollar Amount of Purchases |
|    | Accredited Investors   | 116                 | <b>\$</b> 15,464,770.00    |
|    | Non-accredited Investors   |                     | \$ 1,535,230.00            |
|    | Total (for filings under Rule 504 only)  |                     |                            |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                     |                            |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                     |                            |
|    | Type of Offering   | Type of<br>Security | Dollar Amount<br>Sold      |
|    | Rule 505   |                     | . \$                       |
|    | Regulation A   |                     |                            |
|    | Rule 504   | , , <del></del>     | \$                         |
|    | Total  |                     | \$ 0.00                    |
| ı  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                     | •                          |
|    | Transfer Agent's Fccs  |                     | \$ 0.00                    |
|    | Printing and Engraving Costs   |                     | \$ 13,100.00               |
|    | Legal Fees   |                     | \$_39,500.00               |
|    | Accounting Fees  |                     | \$ 13,000.00               |
|    | Engineering Fees   |                     |                            |
|    | Sales Commissions (specify finders' fees separately)   |                     |                            |
|    | Other Expenses (identify) filing & recordings feed, advertising & public relations and miscell   | laneous             | \$ 8,000.00                |
|    | Total  |                     | \$ 73,600.00               |

|     | and total expenses furnished in response to Part C   | fering price given in response to Part C — Question — Question 4.a. This difference is the "adjusted gro  | oss ·  | \$   |
|-----|--|---|--|--|
| 5.  | each of the purposes shown. If the amount for  | proceed to the issuer used or proposed to be used to any purpose is not known, furnish an estimate at of the payments listed must equal the adjusted groart C — Question 4.b above. | nd   |  |
|     | •  |   | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to Others                               |
|     | Salaries and fees  |   | 55,000.00  | <u> \$ 0.00</u>                                  |
|     | Purchase of real estate  |   | S 0.00   | \$ 0.00  |
|     | Purchase, rental or leasing and installation of m and equipment  | achinery  | \$_0.00  | 98,847.00  |
|     | Construction or leasing of plant buildings and f   | acilities   | [] \$ <u>0.00</u>                                      | s 4,100.00                                       |
|     | Acquisition of other businesses (including the voffering that may be used in exchange for the assissuer pursuant to a merger)  | sets or securities of another   | \$ 0.00<br>\$ 180,000.00                               | \$ 6,750,000.00<br>\$ 0.00                       |
|     | • •  |   |  |  |
|     |  |   |  | •  |
|     |  |   | 🗆 \$   | s  |
|     | Column Totals  |   | S 235,000.00   | \$ 6,852,947.00                                  |
|     |  |   | -  | 087,947.00                                       |
|     |  | D'FEDERAL SIGNATURE   |  |  |
| ign | issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to finformation furnished by the issuer to any non-action furnished by the issuer to action furnished by the i | he undersigned duly authorized person. If this noti<br>urnish to the U.S. Securities and Exchange Comm  | ission, upon writte                                    | le 505, the following<br>n request of its staff, |
| ssu | er (Print or Type)   | Signature   | Date   |  |
| Pla | ins Acquisition Corporation  | milau B Sum day   | 7-1-0  | 8  |
| Jan | ne of Signer (Print or Type)   | Title of Signer (Print or Type)   |  |  |
| Mil | an B. Saunders   | Chairman of the Board and Chief Executive   | Officer  |  |

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 Ú.S.C. 1001.)

|    | LET NOT THE THE STATESIGNATURE OF THE STATES IN THE STATES |     |                    |
|----|--|-----|--------------------|
| Į, | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?   | Yes | No<br><del>X</del> |

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform timited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) Plains Acquisition Corporation | Signature to Sum dus                      | Date 7-1-08                                       |  |  |  |  |
|---|---|---|--|--|--|--|
| Name (Print or Type)                                  | Title (Print or Type)                     | Title (Print or Type)                             |  |  |  |  |
| Milan B. Saunders                                     | Chairman of the Board and Chief Executive | Chairman of the Board and Chief Executive Officer |  |  |  |  |

#### Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       | a caus             |  |  | (Elygeny Pa)                         | PENDIX    |  |        | H.  |                      |
|-------|--------------------|--|--|--------------------------------------|-----------|--|--------|---|----------------------|
| 1     | Intend<br>to non-a | 1 to sell<br>ecredited<br>s in State<br>-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | amount pu | f investor and irchased in State C-Item 2) |        | Disqual<br>under Str<br>(if yes,<br>- explana | ation of<br>granted) |
| State | Yes                | No   | -  | Number of<br>Accredited<br>Investors | Amount    | Number of<br>Non-Accredited<br>Investors   | Amount | Yes   | No No                |
| AL    |                    |  | ` ,  |                                      |           |  |        |   |                      |
| AK    |                    |  |  |                                      |           |  |        |   |                      |
| AZ    |                    |  |  |                                      |           |  |        |   |                      |
| AR    |                    |  | •  |                                      |           |  | ·      |   |                      |
| CA    | ·                  |  |  |                                      |           |  |        |   |                      |
| со    |                    |  |  |                                      |           |  |        |   |                      |
| СТ    |                    |  |  |                                      |           |  |        |   |                      |
| DE    |                    |  |  |                                      |           |  |        |   |                      |
| DC    |                    |  |  |                                      |           |  |        |   |                      |
| FL    |                    |  |  |                                      |           |  |        |   |                      |
| GA    |                    |  |  |                                      |           |  |        |   |                      |
| н     |                    |  |  |                                      |           |  |        |   |                      |
| ID    |                    |  |  |                                      |           |  |        |   |                      |
| · IL  |                    |  |  |                                      |           |  |        |   |                      |
| IN    |                    |  |  |                                      |           |  |        |   |                      |
| ΙA    |                    |  |  |                                      |           |  |        |   |                      |
| KS    |                    |  |  |                                      |           |  |        |   |                      |
| ·KY   |                    | ·  |  |                                      |           |  |        |   |                      |
| LA    |                    |  |  |                                      |           |  |        |   |                      |
| мЕ    |                    |  | ,  |                                      |           |  |        |   |                      |
| MD    |                    |  |  |                                      |           |  |        |   |                      |
| MA    |                    |  |  |                                      |           |  |        |   |                      |
| МІ    |                    |  |  |                                      | , ,       |  |        |   |                      |
| MN    |                    |  |  |                                      |           |  |        |   |                      |
| MS    |                    |  |  |                                      |           |  |        |   |                      |

|       |                                |  | <b>经</b> 的通过数据   | API                                  | FŅDIX           |  |                |  |  |
|-------|--------------------------------|--|--|--------------------------------------|-----------------|--|----------------|--|--|
| l     | Intend<br>to non-a<br>investor | d to sell<br>accredited<br>in State<br>3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | amount pi       | 4 of investor and curchased in State t C-Item 2) |                | under Sta<br>(if yes,<br>explana<br>waiver | lification<br>ate ULOE<br>attach<br>ation of<br>granted) |
| State | Yes                            | No   |  | Number of<br>Accredited<br>Investors | Amount          | Number of<br>Non-Accredited<br>Investors         | Amount         | Yes  | No   |
| МО    |                                |  |  |                                      |                 |  |                |  |  |
| МТ    |                                |  |  |                                      |                 |  |                |  |  |
| NE    |                                |  |  |                                      |                 |  |                |  |  |
| , NV  |                                |  |  |                                      |                 |  |                |  |  |
| NH    |                                |  |  |                                      |                 |  |                |  |  |
| NJ .  |                                |  | ,  |                                      | ·               | ,  |                |  |  |
| 'NM   |                                |  | •  |                                      |                 |  |                |  |  |
| NY    | ,                              |  |  |                                      |                 |  |                |  |  |
| NC NC |                                |  |  | ·                                    |                 |  |                |  |  |
| ND    |                                |  |  |                                      |                 |  |                |  |  |
| ОН    |                                | ·  |  |                                      |                 |  |                |  | <u> </u>   |
| ок    |                                |  |  |                                      |                 |  |                |  |  |
| OR    |                                |  |  |                                      |                 |  |                |  |  |
| PA    |                                |  |  |                                      |                 |  |                |  |  |
| RI    |                                |  |  |                                      |                 |  | ·              |  |  |
| sc    |                                |  |  |                                      | ` .             |  |                |  |  |
| SD    |                                |  |  | -                                    |                 |  |                |  |  |
| TN    |                                |  |  |                                      |                 |  |                |  |  |
| тх    | ×                              |  | Common Stock<br>\$17,500,000.00  | 116                                  | \$15,464,770.00 | 31   | \$1,535,230.00 |  | ×  |
| UT    |                                |  |  |                                      |                 |  | <u></u>        |  |  |
| VT    |                                |  |  |                                      |                 |  |                |  |  |
| VA    |                                |  |  |                                      |                 |  | ·              |  |  |
| WA-   | ~                              | 4  |  |                                      |                 |  | ·              |  |  |
| wv    |                                |  | <u>,</u>   |                                      |                 |  |                |  |  |
| wı [  |                                |  | ·  |                                      |                 |  |                |  |  |

|  |     |  |  | APP<br>APP                           | ENDIX. |  |   |     |    |
|--|-----|--|--|--------------------------------------|--------|--|---|-----|----|
| I 2  Intend to sell to non-accredited investors in State (Part B-Item 1) |     | Type of security and aggregate offering price offered in state (Part C-Item 1) | 4  Type of investor and amount purchased in State  (Part C-Item 2) |                                      |        |  | Disqualification<br>under State ULOE<br>(if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |     |    |
| State  | Yes | No   |  | Number of<br>Accredited<br>Investors | Amount | Number of<br>Non-Accredited<br>Investors | Amount  | Yes | No |
| WY<br>PR   |     |  |  |                                      |        |  |   |     |    |

### **EXHIBIT A**

### Organizers, Organizing Directors and Executive Officers

| <br> | - | sition |
|------|---|--------|
|      |   |        |
|      |   |        |

### Milan B. Saunders, Chairman of the Board, Director and Cashier

# Scott E. Smith, President, Secretary and Director

### Michael P. Barsi, Director

### Michael S. Hays, Director

### Amir A. Hassan, Director

### W. Dean Lawther, Director

### **Business Address**

- 3 Forest Shores Drive, Kingwood, Texas 77339
- 7415 Aurelia Mist Lane, Humble, Texas 77396
- 14003 Muirfield Village Drive, Houston, Texas 77069
- 400 Two Allen Center, 1200 Smith Street, Houston, Texas 77002
- 1303 Sugar Creek Blvd., Sugarland, Texas 77478-3927
- 206 W. Oak St., Deer Park, Texas 77536